

8920 Business Park Drive, Suite 150 Austin, TX 78759

T [512] 343-2544 F [512] 343-0119

July 1, 2015

VIA ECFS

Ms. Marlene H. Dortch, Secretary Federal Communications Commission Office of the Secretary 445 12th Street, S.W. Washington, D.C. 20554

RE: WC Docket No. 14-58 - ETC Annual Reports and Certifications

Annual Report pursuant to 47 C.F.R. §§54.313 and 54.422

Dear Ms. Dortch:

Peoples Wireless Services, by its authorized representative, hereby files its FCC Form 481 - Carrier Annual Reporting Data Collection Form in compliance with 47 C.F.R. §§54.313 and 54.422.

The FCC Form 481 has been completed, certified, and submitted to the Universal Service Administrative Company.

A copy of the FCC Form 481 is also being submitted to the state regulatory commission pursuant to §§54.313(i) and 54.422(c).

Please contact me if you have any questions.

Sincerely,

Dorothy Young

Authorized Representative for

) orother young

Peoples Wireless Services

DY/pjf

cc: Mr. Steven Steele, Peoples Wireless Services



| FCC For | rm 481 - Carrier Annual Reporting Data Collection Form | | FCC Form 481 OMB Control No. 3060- July 2013 | 0986/OMB Control No. 3060-0819 |
|----------------|---|------------------------|--|---|
| <010> | Study Area Code | 449048 | | |
| <015> | Study Area Name | Peoples Wireless Servi | ces | |
| <020> | Program Year | 2016 | | |
| <030> | Contact Name: Person USAC should contact with questions about this data | Gena von Reyn | | |
| <035> | Contact Telephone Number: Number of the person identified in data line <030> | 9038783172 ext. | | |
| <039> | Contact Email Address: Email of the person identified in data line <030> | gena.vonreyn@gopeoples | .net | |
| ANNUA | AL REPORTING FOR ALL CARRIERS | | | 54.313 54.422 Completion Completion Required Required (check box when complete) |
| <100> | Service Quality Improvement Reporting | (cc | omplete attached worksheet) | ✓ (circle box when complete) |
| <200> | Outage Reporting (voice) | (cc | omplete attached worksheet) | ✓ |
| <210> <300> | Unfulfilled Service Requests (voice) | outages to report | | ✓ <i> </i> |
| <310> | Detail on Attempts (voice) | | | |
| | | | (attach descriptive do | ocument) |
| <320> | Unfulfilled Service Requests (broadband) | | | |
| <330> | Detail on Attempts (broadband) | | (attach descriptive o | (ocument) |
| <400> | Number of Complaints per 1,000 customers (voice) | | | |
| <410> | Fixed 0.0 | | | ✓ ✓ |
| <420> <430> | Mobile 0.0 Number of Complaints per 1,000 customers (broadb | band) | | |
| <440> | Fixed | | | |
| <450> <500> | Mobile Service Quality Standards & Consumer Protection R | ules Compliance (/ | check to indicate certification) | |
| <300> | 449048tx510.pdf | . , | ances to maleute certification, | |
| <510> | | | (attached descriptive document) | ✓ ✓ |
| <600> | Functionality in Emergency Situations | | check to indicate certification) | √ √ |
| | 449048tx610.pdf | | , | |
| (C10) | | (a) | ttached descriptive document) | ✓ ✓ ✓ |
| <610> | | | | |
| <700> <710> | Company Price Offerings (voice) Company Price Offerings (broadband) | | complete attached worksheet) | |
| | Operating Companies and Affiliates | | complete attached worksheet) | ✓ ✓ |
| <900> | Tribal Land Offerings (Y/N)? | | complete attached worksheet) | ✓ |
| <1000> | Voice Services Rate Comparability Certification | Not A | Applicable | |
| <1010> | 449048tx1010.pdf | (| attach descriptive document) | ✓ |
| <1100> | Certify whether terrestrial backhaul options exist (Y | res or No) | (if not, check to indicate certification) | ✓ <u> </u> |
| <1110> | | | complete attached worksheet) | |
| | Terms and Condition for Lifeline Customers | | complete attached worksheet) | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

| | Including Rate-of-Return Carriers affiliated with Price Cap Local Exchan | nge Carriers |
|--------|--|-----------------------------------|
| <2000> | | (check to indicate certification) |
| <2005> | | (complete attached worksheet) |

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000> (check to indicate certification)

<3005>

(complete attached worksheet)

| Data Collection Form OMB Control No. 3060-0986/OMB OMB C | Control No. 3060-0819 |
|--|-----------------------|
| <015> Study Area Name Peoples Wireless Services <020> Program Year 2016 <030> Contact Name - Person USAC should contact regarding this data Gena von Reyn | |
| <020> Program Year 2016 <030> Contact Name - Person USAC should contact regarding this data Gena von Reyn | |
| <030> Contact Name - Person USAC should contact regarding this data Gena von Reyn | |
| | |
| costs Contact Telephone Number of person identified in data line co20s 9038783172 ext. | |
| Contact relephone number of person identified in data line Cosos | |
| <039> Contact Email Address - Email Address of person identified in data line <030> gena.vonreyn@gopeoples.net | |
| <110> Has your company received its ETC certification from the FCC? (yes / no) | |
| If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service. | |
| Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate. | |
| <113> Maps detailing progress towards meeting plan targets | |
| <114> Report how much universal service (USF) support was received | |
| <115> How much (USF) was used to improve service quality and how support was used to improve service quality | |
| <116> How much (USF) was used to improve service coverage and how support was used to improve service coverage | |
| <117> How much (USF) was used to improve service capacity and how support was used to improve service capacity <118> Provide an explanation of network improvement targets not met in the prior calendar year. | |

| (200) Service Outage Reporting (Voice) | FCC Form 481 |
|--|---|
| Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | July 2013 |

| <010> | Study Area Code | 449048 |
|-------|---|----------------------------|
| <015> | Study Area Name | Peoples Wireless Services |
| <020> | Program Year | 2016 |
| <030> | Contact Name - Person USAC should contact regarding this data | Gena von Reyn |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 9038783172 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | gena.vonreyn@gopeoples.net |

<220>

| <a> | <b1></b1> | <b2></b2> | <b3></b3> | <b4></b4> | <c1></c1> | <c2></c2> | <d></d> | <e></e> | <f></f> | <g></g> | <h></h> |
|-----------------------------|----------------------|----------------------|--------------------|--------------------|---------------------------------|-----------------|----------------------------|--------------------------------------|---|----------------|--------------|
| NORS Reference Number | Outage Start Date | Outage Start Time | Outage End Date | Outage End Time | Number of Customers Affected | Total Number of | 911 Facilities Affected | Service Outage Description (Check | Did This Outage Affect Multiple Study Areas | Service Outage | Preventative |
| | | | | | | Customers | (Yes / No) | all that apply) | (Yes / No) | Resolution | Procedures |
| | | | | | | | | | | | |
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| (700) Price Offerings including Voice Rate Data | FCC Form 481 |
|---|---|
| Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | July 2013 |

| <010> | Study Area Code | 449048 |
|-------|---|----------------------------|
| <015> | Study Area Name | Peoples Wireless Services |
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| <039> | Contact Email Address - Email Address of person identified in data line <030> | gena.vonreyn@gopeoples.net |
| | | |

<701> Residential Local Service Charge Effective Date

1/1/2015

<702> Single State-wide Residential Local Service Charge

<703>

| <a1></a1> | <a2></a2> | <a3></a3> | <b1></b1> | <b2></b2> | <b3></b3> | <b4></b4> | <b5></b5> | <c></c> |
|-----------|-----------------|------------|-----------|-------------------|------------------------------|-----------------------------|-------------------------|-------------------------------|
| | | | | Residential Local | | | Mandatory Extended Area | |
| State | Exchange (ILEC) | SAC (CETC) | Rate Type | Service Rate | State Subscriber Line Charge | State Universal Service Fee | Service Charge | Total per line Rates and Fees |
| | | | | | | | | |
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| (710) Broadband Price Offerings | FCC Form 481 |
|---------------------------------|---|
| Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | July 2013 |

| <010> | Study Area Code | 449048 |
|-------|---|----------------------------|
| <015> | Study Area Name | Peoples Wireless Services |
| <020> | Program Year | 2016 |
| <030> | Contact Name - Person USAC should contact regarding this data | Gena von Reyn |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 9038783172 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | gena.vonreyn@gopeoples.net |

| <711> | <a1></a1> | <a2></a2> | <b1></b1> | <b2></b2> | <c></c> | <d1></d1> | <d2></d2> | <d3></d3> | <d4></d4> |
|-------|-----------|-----------------|------------------|-----------------|---------------------|---------------------------------------|---------------------|-----------------|--------------------------------------|
| | | | | | | | | | |
| | | | | State Regulated | | Broadband Service - Download Speed | Broadband Service - | Usage Allowance | Usage Allowance Action Taken When |
| | State | Exchange (ILEC) | Residential Rate | | Total Rate and Fees | | Upload Speed (Mbps) | | Limit Reached (select) |
| | | J-1 (-1/ | | | | (-1-7 | .,, | , , | , |
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| (800) Op | erating Companies | | | | FCC Form 481 |
|----------|-----------------------|---|---------------|----------------|--|
| Data Col | lection Form | | | | OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
| <010> | Study Area Code | | 449048 | | |
| <015> | Study Area Name | | | less Services | |
| <020> | Program Year | | 2016 | ress services | |
| <030> | | USAC should contact regarding this data | Gena von Reyr | n | |
| <035> | | nber - Number of person identified in data line <030> | 9038783172 es | | |
| <039> | Contact Email Address | Email Address of person identified in data line <030> | gena.vonreyn | @gopeoples.net | |
| <810> | Reporting Carrier | Texas RSA 7B3 | | | |
| <811> | Holding Company | Peoples GP, LLC | | | |
| <812> | Operating Company | Peoples Wireless | | | |
| | | | | | |
| <813> | | <a1></a1> | | <a2></a2> | <a3></a3> |
| | | Affiliates | | SAC | Doing Business As Company or Brand Designation |
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| (900) Tribal Lands Data Collection Fo | • | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 | |
|--|--------------------------------|---|--|--|
| <035> Contact 7 <039> Contact 8 | ea Name | Peoples Wireless Services 2016 Gena von Reyn 9038783172 ext. gena.vonreyn@gopeoples.net | | |
| <920> Tribal Go | vernment Engagement Obligation | Name of Attached | d Document | |
| to confirm the state demonstrates coon § 54.313(a)(9) inclu <921> Needs as communi <922> Feasibilit <923> Marketir <924> Compliar <925> Compliar <926> Compliar <927> Compliar <928> Compliar <928> Compliar | des: | Select ss or No or ot Applicable | | |

| (1100) N | lo Terrestrial Backhaul Reporting | | FCC Form 481 |
|----------|--|----------------------------|--|
| Data Col | llection Form | | OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
| <010> | Study Area Code | 449048 | |
| <015> | Study Area Name | Peoples Wireless Services | |
| <020> | Program Year | 2016 | |
| <030> | Contact Name - Person USAC should contact regarding this data | Gena von Reyn | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 9038783172 ext. | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | gena.vonreyn@gopeoples.net | |
| <1120> | Please confirm whether terrestrial backhaul options exist within the supported are pursuant to \S 54.313(g) (Yes, No). | a | |
| <1130> | Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g). | kbps | |
| | | | |
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| | rms and Condition for Lifeline Customers | | | FCC Form 481 |
|-----------|---|-----------|----------------------------|---|
| Lifeline | | | | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| Data Coll | ection Form | | | July 2013 |
| | | | | |
| <010> | Study Area Code | | 449048 | |
| <015> | Study Area Name | | Peoples Wireless Services | |
| <020> | Program Year | | 2016 | |
| <030> | Contact Name - Person USAC should contact regarding this data | | Gena von Reyn | |
| <035> | Contact Telephone Number - Number of person identified in data li | | | |
| <039> | Contact Email Address - Email Address of person identified in data | ine <030> | gena.vonreyn@gopeoples.net | |
| | | | 449048tx1210.pdf | |
| <1210> | Terms & Conditions of Voice Telephony Lifeline Plans | | | |
| | | Ĺ | | Name of Attached Document |
| <1220> | Link to Public Website | HTTP | | |
| or the we | neck these boxes below to confirm that the attached document(s), on line is bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers museport: | | | |
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | ✓ | | |
| <1222> | Details on the number of minutes provided as part of the plan, | / | | |
| <1223> | Additional charges for toll calls, and rates for each such plan. | / | | |
| | | | | |

| (2000) Pri | ce Cap Carrier Additional Documentation | FCC Form 481 |
|--------------------------------------|--|--|
| Data Colle | ection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| Including | Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers | July 2013 |
| | | |
| <010> | Study Area Code | |
| <015> | Study Area Name | 449048 |
| <020> | Program Year | Peoples Wireless Services |
| <030> | Contact Name - Person USAC should contact regarding this data | 2016 |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | gena von keyn |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | 7038783172 Ext. |
| | | gena.vonreynsgopeopies.net |
| | America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The inform | r recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, ar ation reported on this form and in the documents attached below is accurate. |
| | Incremental Connect America Phase I reporting | |
| <2010> | 2nd Year Certification {47 CFR § 54.313(b)(1)i} | |
| <2011a> | 3rd Year Certification {47 CFR § 54.313(b)(1)ii} | |
| <2011b> | Attachment {47 CFR § 54.313(b)(1)ii} | |
| | | Name of Attached Document(s) Listing Required Information |
| <2012> <2013> <2014> <2015> | 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)} | |
| <2016> | Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d)) Certification Support Used to Build Broadband | |
| <2017> <2018> <2019> <2020> | Connect America Phase II Reporting (47 CFR § 54.313(e)) 3rd year Broadband Service Certification 5th year Broadband Service Certification Interim Progress Certification Please check the box to confirm that the attached document(s), on lir pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support s addresses of community anchor institutions to which began providing | all provide the number, names, and |
| <2021> | preceding calendar year. Interim Progress Community Anchor Institutions | Name of Attached Document(s) Listing Required Information |

| (3000) Ra | ate Of Return Carrier Additional Documentation | | FCC Form 481 | |
|------------------|---|---|---|--|
| Data Coll | lection Form | | OMB Control No. 3060-0986/OMB Control No. 3060-0819 | |
| | | | July 2013 | |
| | | | | |
| <010> | Study Area Code | 449048 | | |
| <015> | Study Area Name Program Year | Peoples Wireless Services 2016 | | |
| <030> | Contact Name - Person USAC should contact regarding this data | Gena von Reyn | | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 9038783172 ext. | | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | gena.vonreyn@gopeoples.net | | |
| CHECK t | CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate. | | | |
| (3010) | Progress Report on 5 Year Plan Milestone Certification $\{47\ CFR\ \S\ 54.313(f)(1)(i)\}$ | | | |
| | | Name of Attached Document Listing Required Information | on | |
| | Please check this box to confirm that the attached document(s), on line 3 ± 4.313 (f)(1)(ii), the carrier shall provide the number, names, and addreproviding access to broadband service in the preceding calendar year. | 012 contains the required information pursuant to sses of community anchor institutions to which began | | |
| | | | | |
| (3012) | Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)} | | | |
| (3013) (3014) | Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} If yes, does your company file the RUS annual report | Name of Attached Document Listing Required Information (Yes/No) (Yes/No) | 8 | |
| Please | check these boxes to confirm that the attached document(s), on line 3017 | r, contains the required information pursuant to § 54.313(f)(2) | compliance requires: | |
| (3015) | Electronic copy of their annual RUS reports (Operating Report for | | | |
| | Telecommunications Borrowers) | | | |
| (3016) | Document(s) for Balance Sheet, Income Statement and Statement of Ca | sh Flows | <u> </u> | |
| (3017) | If the response is yes on line 3014, attach your company's RUS annual report and all required documentation | | | |
| | | Name of Attached Document Listing Required Information | | |
| (3018) | If the response is no on line 3014, Is your company audited? | (Yes/No) | ìQ | |
| | If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § $54.313(f)(2)$, contains | | | |
| (3019) | Either a copy of their audited financial statement; or (2) a financial report in a fo | ormat comparable to RUS Operating Report for Telecommunications | L | |
| (3020) | Document(s) for Balance Sheet, Income Statement and Statement of Ca | ash Flows | | |
| (3021) | Management letter and audit opinion issued by the independent certified pu | ublic accountant that performed the company's financial audit | | |
| | If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: | | _ | |
| (3022) | Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, | | | |
| (3023) | | | | |
| (3024) | Underlying information subjected to an officer certification. | | | |
| (3025) | Document(s) for Balance Sheet, Income Statement and Statement of Ca | sh Flows | | |
| (3026) | Attach the worksheet listing required information | | | |
| | L | Name of Attached Document Listing Required Information | | |
| | | - V | | |

| (3000) Rate Of Return Carrier Additional Documentation (Continued) | FCC Form 481 |
|--|---|
| Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | July 2013 |

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| <039> | Contact Email Address - Email Address of person identified in data line <030> | gena.vonreyn@gopeoples.net |

| Financial Data Summary | |
|---|--|
| (3027) Revenue | |
| () | |
| (3028) Operating Expenses | |
| () | |
| (3029) Net Income | |
| (3023) Net income | |
| (3030) Telephone Plant In Service(TPIS) | |
| (, | |
| (3031) Total Assets | |
| () | |
| (3032) Total Debt | |
| | |
| (3033) Total Equity | |
| (2024) Biddende | |
| (3034) Dividends | |
| | |

| Certification - Reporting Carrier | FCC Form 481 |
|-----------------------------------|---|
| Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | July 2013 |

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| <039> | Contact Email Address - Email Address of person identified in data line <030> | gena.vonreyn@gopeoples.net |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: Signature of Authorized Officer: Date Printed name of Authorized Officer: Title or position of Authorized Officer: Telephone number of Authorized Officer: Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

| Certification - Agent / Carrier | FCC Form 481 |
|---------------------------------|---|
| Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | July 2013 |

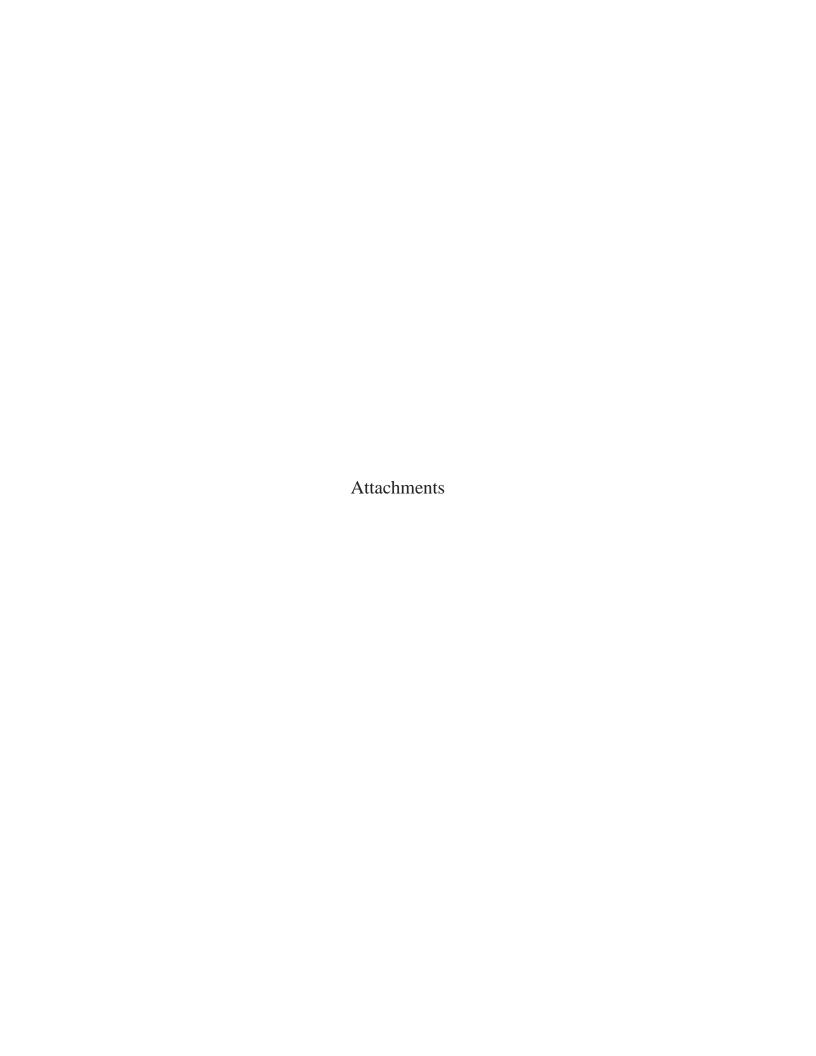
| <010> | Study Area Code | 449048 | |
|-------|---|----------------------------|--|
| <015> | Study Area Name | Peoples Wireless Services | |
| <020> | Program Year | 2016 | |
| <030> | Contact Name - Person USAC should contact regarding this data | Gena von Reyn | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 9038783172 ext. | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | gena.vonreyn@gopeoples.net | |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier I certify that (Name of Agent) Dorothy Young is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. Name of Authorized Agent: Dorothy Young Name of Reporting Carrier: Peoples Wireless Services Signature of Authorized Officer: CERTIFIED ONLINE Date: 06/22/2015 Printed name of Authorized Officer: Regulatory Affairs Manager Telephone number of Authorized Officer: 9038783172 ext. Study Area Code of Reporting Carrier: 449048 Filing Due Date for this form: 07/01/2015 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | | | | | |
|--|--|--|--|--|--|
| | | | | | |
| i, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. | | | | | |
| me of Reporting Carrier: Peoples Wireless Services | | | | | |
| me of Authorized Agent or Employee of Agent: Dorothy Young | | | | | |
| nature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE Date: 06/22/2015 | | | | | |
| Printed name of Authorized Agent or Employee of Agent: Dorothy Young | | | | | |
| Title or position of Authorized Agent or Employee of Agent Authorized Representative | | | | | |
| Telephone number of Authorized Agent or Employee of Agent: 5126527726 ext. | | | | | |
| udy Area Code of Reporting Carrier: 449048 Filing Due Date for this form: 07/01/2015 | | | | | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Ti 18 of the United States Code, 18 U.S.C. § 1001. | | | | | |



| (700) Price Offerings including Voice Rate Data | FCC Form 481 |
|---|---|
| Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | July 2013 |

| <010> | Study Area Code | 449048 |
|-------|---|----------------------------|
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| <035> | Contact Telephone Number - Number of person identified in data line <030> | 9038783172 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | gena.vonreyn@gopeoples.net |

<701> Residential Local Service Charge Effective Date

1/1/2015

<702> Single State-wide Residential Local Service Charge

<703>

| | 2. | | di di | 4.2. | | | | |
|-----------|-----------------|------------|-----------|-------------------------------------|------------------------------|-----------------------------|--|-------------------------------|
| <a1></a1> | <a2></a2> | <a3></a3> | <b1></b1> | <b2> Residential Local</b2> | <b3></b3> | <b4></b4> | <bs></bs> <bs>Mandatory Extended Area</bs> | <c></c> |
| State | Exchange (ILEC) | SAC (CETC) | Rate Type | Service Rate | State Subscriber Line Charge | State Universal Service Fee | | Total per line Rates and Fees |
| TX | ALL | | FR | 99.95 | 0.0 | 3.7 | 0.0 | 103.65 |
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| (800) Operating Companies | FCC Form 481 |
|---------------------------|---|
| Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | July 2013 |

| <010> | Study Area Code | | 449048 |
|-------|---|------------------|----------------------------|
| <015> | Study Area Name | | Peoples Wireless Services |
| <020> | Program Year | | 2016 |
| <030> | Contact Name - Person USAC should contact regarding this data | | Gena von Reyn |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | | 9038783172 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | | gena.vonreyn@gopeoples.net |
| | | | |
| <810> | Reporting Carrier | Texas RSA 7B3 | |
| <811> | Holding Company | Peoples GP, LLC | |
| <812> | Operating Company | Peoples Wireless | |

| <813> | <a1></a1> | <a2></a2> | <93> |
|-------|-------------------------------------|-----------|--|
| | Affiliates | SAC | Doing Business As Company or Brand Designation |
| = | Peoples Telephone Cooperative, Inc. | 442130 | |
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LINE 510 - SERVICE QUALITY STANDARDS AND CONSUMER PROTECTION RULES COMPLIANCE

Peoples Wireless Services ("the Company") complies with applicable service quality standards and consumer protection rules for its voice and broadband services.

The Company is a mobile wireless provider that received its designation as an eligible telecommunications carrier ("ETC") from the Public Utility Commission of Texas ("PUCT"). The Company is bound by the requirements of P.U.C. Subst. R. 26.418, which pertains to the provision of supported services by designated wireless carriers. The rule addresses, among other things, criteria for the determination of ETCs, criteria for determination of receipt of federal universal service support, and Lifeline Service requirements.

The Company complies with any and all consumer protection obligations under state law.

The Company also complies with the CTIA Consumer Code for Wireless Service. Specifically: (1) the Company discloses its rates and terms of service to customers; (2) the Company makes available maps showing where service is generally available; (3) the Company provides contract terms to customers and confirms changes in service; (4) the Company allows a trial period for new service; (5) the Company provides specific disclosures in its advertising; (6) the Company separately identifies carrier charges from taxes on its billing statements; (7) the Company provides customers the right to terminate service for changes to contract terms; (8) the Company provides ready access to customer service; (9) the Company promptly responds to consumer inquiries and complaints received from government agencies; and (10) the Company abides by policies for protection of consumer privacy.

Finally, the Company has a policy and established operating procedures that comply with the FCC's Customer Proprietary Network Information (CPNI) rules (47 C.F.R. §§64.2001-64.2011). Certification of the Company's compliance with CPNI rules and a description of the Company's operating procedures that ensure compliance are filed annually with the FCC.

LINE 610 - ABILITY TO FUNCTION IN EMERGENCY SITUATIONS

Texas RSA 7B3 (Peoples Wireless) ("the Company") is able to function in emergency situations. The Company has a reasonable amount of back-up power to ensure functionality without an external power source. Peoples Wireless' system is reinforced by battery back-ups installed at its cell sites and generators at its Mobile Telephone Switching Office. The Company also has numerous portable generators that are available to be moved to any of the cell sites. In addition, the cell sites are constantly monitored by the switch which alerts the answering service dispatch in the event trouble is detected. The network is capable of managing traffic spikes resulting from emergency situations.

The Company is able to reroute traffic around damaged facilities. Although the Company's ability to reroute traffic around damaged facilities is not absolute and may be limited in certain circumstances, there is a restoration plan in place for expeditious recovery of service, including splicing of damaged facilities when warranted.

LINE 1010 – VOICE SERVICES RATE COMPARABILITY

Peoples Wireless Services only provides mobile wireless service in Study Area Code 449048. It does not provide fixed voice service. Therefore, a description of fixed voice services rate comparability is not applicable.

LINE 1210 – TERMS & CONDITIONS OF VOICE TELEPHONY LIFELINE PLANS

Peoples Wireless Services ("the Company") offers qualified Lifeline customers a discount of \$12.75 on local voice telephony service (\$9.25 federal discount + \$3.50 state discount). When applied to the Company's unlimited voice and text offering, the Lifeline single-line residential rate is \$87.20 (\$99.95 rate less the \$12.75 discount). This plan provides Lifeline customers with an unlimited number of minutes for local and long distance calls.

The Company also offers numerous lower-priced measured rate plans with a fixed number of minutes per month for voice calls (local and long distance) and/or texting for a flat rate, and a per-minute charge for minutes that exceed the monthly limit. Lifeline customers may select any of these plans and the \$12.75 discount will be applied to the base rate.

Data usage is not included in any of the Lifeline offerings. Lifeline customers may subscribe to any data plan offered by the Company at the regular, non-discounted rate.

Additional information regarding the terms and conditions of voice telephony Lifeline plans can be found at http://www.peoplescom.net/support/wireless-fag/.